



Amended Tax & Wage Report

Washington State Employment Security Department

AMEND ONLY ONE QUARTER PER FORM - YOU MAY MAKE COPIES OF THIS FORM BEFORE USING

1) FEDERAL ID NUMBER

2) UBI NUMBER

3) EFFECTIVE QUARTER ENDING DATE

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4) BUSINESS NAME

5) ES REFERENCE NUMBER

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6) PREPARER'S INFORMATION

FIRST NAME

LAST NAME

PHONE
AREA CODE NUMBER

FAX
AREA CODE NUMBER

	Social Security #	Name of Employee	Total Hours	Total Gross Wages As Reported	Total Gross Wages Correct Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

	AS REPORTED	CORRECT AMOUNT
12) TOTAL GROSS WAGES		
13) EXCESS WAGES		
14) TAXABLE WAGES		
15) UI TAX DUE FOR THIS QUARTER		
16) EAF		
17) TOTAL TAX AMOUNT DUE		
18) LATE PAYMENT PENALTY		
19) INTEREST		
20) LATE REPORT PENALTY		
21) PRIOR BALANCE OR CREDITS		
22) AMOUNT DUE		
23) AMOUNT REMITTED		

*REASON FOR
ADJUSTMENT
(MANDATORY):

MAIL THIS COMPLETED REPORT TO:
EMPLOYMENT SECURITY DEPARTMENT,
UI TAX ADMINISTRATION,
PO BOX 9046, OLYMPIA, WASHINGTON 98507-9046